

Medical Missions
PO Box 1130
Sulphur Springs, TX 75483
903/885-1424
fruitflharvest@verizon.net



SHORT-TERM VOLUNTEERS INFORMATION FORM

PLEASE PRINT

Place & date of trip _____

Legal Name _____ name you are called _____

Address _____ City _____ State _____

Zip _____ Phone (home) _____ (work) _____ (cell) _____

E-Mail address _____ Date of birth _____

Marital Status _____ Currently Employed? _____ Where _____

Profession or Job Duties _____

Local Church Name _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ Date Joined Mo./Yr. _____ Membership size _____

Pastor's Name _____

Local Church Denominational Affiliation _____

Responsibilities in Local Church _____

Ordained () and/or Licensed () to the Ministry?

Mark each service you have performed. Pastor () Preach () Personal Evangelism ()

Discipleship Training () Play Instrument (specify) _____ Teach () Evangelist ()

Vocalist () Children's Activities () Youth Work () Photographer ()

General Health. Excellent () Good () Fair () Poor ()

Drink alcoholic beverages () Smoke ()

If you checked either one of these questions, attach a note indicating your willingness to refrain from this during the course of the trip.

Short-Term Volunteers Information Form Part II

PERMANENT CONTACT PERSON

Name _____ relationship _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Work phone _____ cell _____

Beneficiary (for insurance purposes) _____

CHURCH RECOMMENDATION

The _____ Church of _____

Whole-heartedly recommends the above person to participate on a mission trip with Fruitful Harvest as sound in his/her faith and spiritually equipped to serve on this volunteer project.

Pastor's Signature _____ Date _____

RESPONSIBILITY RELEASE

I understand that Fruitful Harvest requires that medical and disability insurance coverage effective overseas be in force during the entire period of my volunteer service and that payment must be made to the Fruitful Harvest office or travel agent prior to departure. If I accept a term of volunteer service I wish to make clear my understanding that Fruitful Harvest or any church, denomination, or group associated with my trip do not assume any responsibility for executors, administrators, distributes and assigns, in consideration of my admission to volunteer service and other good and valuable considerations, do hereby absolve said Fruitful Harvest or any church, denomination or group associated with my trip and hold them harmless from any claim or demand which I or they might conceivable assert upon the basis of the forgoing.

Signature _____ Date _____

MY COVENANT

I covenant to make spiritual preparation for this assignment, to read carefully the orientation materials and to seek the heart of a servant as I serve our Lord abroad. My conduct, in work and deed, will honor the Lord Jesus Christ. The words of my mouth and the meditations of my heart will be pleasing in His sight. I will employ my skills, talents and spiritual gifts in the building and expansion of the Kingdom of God in the place where I will serve.....as God gives me inner strength and wisdom.

Initial _____ Date _____

WRITTEN CHRISTIAN TESTIMONY REQUIRED (for first timers with FH)

Your testimony should be one page in length and double-spaced, following the five steps listed below:

1. Clearly identify yourself.
2. Share your salvation experience.
3. What Christ means to you today.
4. Why you want to go on this trip.
5. What you expect to gain by making this trip.